MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH (7)

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024873

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. ~~44~~x 5591 Registrar's No. 23

FILED JUN 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0500
2	0500
3	
4	0
5	0
6	
7	0
8	2
9	9240
10	22
11	050
12	90-3
13	

Boat Engine

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Central HILLS BORO — Length of stay in 1b: 10 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: JEFF
c. CITY OR TOWN: HILLS BORO — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): FRANK (MIDDLE) JOHN (FIRST) Mateska (Last)

4. DATE OF DEATH: Month 6 Day 13 Year 63

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 12-1-91
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED JACKET CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: LEATHER
11. BIRTHPLACE (City and state or country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY: U S A.

13a. FATHER'S NAME: FRANK MATEJKA
13b. MOTHER'S MAIDEN NAME: BARBARA PLETENIK
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS BARBARA SCHMITT — Address: ST. LOUIS, MO 4550 VIRGINIA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): DROWNING
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell into creek.
20c. TIME OF INJURY: 9:00 Hour ~~a.m.~~ p.m. Month, Day, Year: 6-13-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Central Twsp. COUNTY: Jeff STATE: Mo.

21. I attended the deceased from Coroner's View and last saw her/him alive on
Death occurred at 9:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Rehm Lic Coroner
22b. ADDRESS: Festus Mo.
22c. DATE SIGNED: 6-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-17-63
23c. NAME OF CEMETERY OR CREMATORY: St PETERY PAUL
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR: MOYDELL FUNERAL HOME — ADDRESS: St. Louis Mo
25. DATE RECD. BY LOCAL REG.: 6/16/63
26. REGISTRAR'S SIGNATURE: Carl E. Price Mrs

(Licensed Embalmer's Statement on Reverse Side)

Bureal Permit #7 issued

JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Daniel J. Maher

Licensed Embalmer No. 4326

P. O. Address Kelso Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.